## L14000026936

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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09/07/2016

## COVER LETTER

TO:

Registration Section Division of Corporations

AAA ROOFING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larena A Miniard

Name of Person

1000 NE 5 Th STreet Suite 102

Crystal River, FL 34429
City/State and Zip Code

Caa (00 fing F/ a) (10/100. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Calabro at 352 527-2866

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

🗅 \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Pec & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA Roofi	rg LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it new appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $02/17/2014$ and assigned
Florida document number 214000026936	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Euter new principal offices address, if applicable:	1000 NE 5Th ST., SUITE 102
(Principal office address MUST BE A STREET ADDRESS)	
	Crystal River, FL 34429
Enter new mailing address, if applicable:	1000 NE 5Th ST., Juite 102
(Mailing address MAY BE A POST OFFICE BOX)	
	Crystal RIVER, FL 34429
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	NE 5th St. Suite 102 Enter Florida street address  4al Lisen, Florida See29  City Zip Code
Cons	Enter Proriad street duaress
	City State Florida SY 29
Man Dalatan I A mala Standard Man day 10 2 4 4 1 A man	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my didies, and I am familiar with and i provided for in Chapter 605, F.S. Or, if this document is
1001-	pring Dealstand Agent Company of New Designated Assets

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			Add
			☐ Remove
			□ Change
~~~			☐ Add
			☐ Remove
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			CALABRO FINANCIAL
37/2016	09:39	1	
D. If an	tending an	y other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
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E. Effect	tive date, i	f other than the date of fill	ing:(optional)
Note:	If the date	inserted in this block does not	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of meet the applicable statutory filing requirements, this date will not be listed as t
docun	nent's effect	tive date on the Department of	f State's records.
If the re	rord ener	iffice a dalayed affortive	e date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The	e 90th day	y after the record is filed	d.
		-	
Dated	SE	105.	-, <del>2016</del>
		Tonon	a ////weel
		Signature of	a member or authorized representative of a member
		1 A-VDL	na A Miniard
		ten pr · C·	Typed or primed name of signer

Page 3 of 3

Filing Fee: \$25.00